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RECIPIENT INFORMATION	SENDER INFORMATION
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Voice Tel. No.: 703 308 7543	Voice Tel. No.: 650 622 2360
Fax Tel. No.: 703 746 7279	Sent By: Sally Dankers/703 838 6629
Your Ref.: 09/155,982	Our Ref.: 032475-001
	Total Pages (Incl. Cover Page): 22

RE:**MESSAGE:**

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Any questions regarding compatibility should be directed to our Office Services Department at +1.703.836.6620.

Patent
Attorney's Docket No. 032475-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	BOX AF
Frederic KLEIN et al.)	
Application No.: 09/155,982)	Group Art Unit: 1645
Filed: October 9, 1998)	Examiner: Virginia Allen Portner
For: MEANS FOR DETECTING BACTERIA)	Confirmation No.: 9420
OF THE TAYLORELLA)	
EQUIGENTHALIS SPECIES AND)	
THEIR BIOLOGICAL APPLICATIONS)	

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☐ Also enclosed is/are _____.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☐ No additional claim fee is required.

(05/03)

Amendment/Reply Transmittal Letter
 Application No. 09/155,982
 Attorney's Docket No. 032475-001
 Page 2

☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	57	MINUS 23 =	34	× \$18.00 (1202) =	\$612.00
Independent Claims	9	MINUS 3 =	6	× \$84.00 (1201) =	\$504.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					\$1,116.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$1,116.00

☐ A claim fee in the amount of \$ _____ is enclosed.

☒ Charge \$ 1,116.00 to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: June 6, 2003

By: Donna M. Meuth #39,300
 for Donna M. Meuth
 Registration No. 36,607

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(05/03)

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BACTERIA OF THE TAYLORELLA)
EQUIGENTALIS SPECIES AND)
THEIR BIOLOGICAL)
APPLICATIONS)

Suppl.
26/G(NK)
Linda
6/19/03

SUPPLEMENTAL AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Further to applicants' Reply and Amendment dated April 11, 2003, and
Supplemental Reply, as filed on April 17, 2003, please amend the above-identified
application as follows.